

ADRIAN RAMIREZ

PLAINTIFF/PETITIONER/MOVANT'S NAME

91329-198

PRISON NUMBER

USP VICTORVILLE Box 5500

PLACE OF CONFINEMENT

ADELAIDO CALIFORNIA

ADDRESS

92301

FILED

APR - 7 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY KN DEPUTY

MOTION
TO REOPEN

**United States District Court
Southern District Of California**

RAMIREZ
Plaintiff/Petitioner/Movant

v.

JOE NORWOOD WARREN
Defendant/Respondent

Civil No.

08CV0508 JM (RBB)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, ADRIAN RAMIREZ

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration USP VICTORVILLE

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____

N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____

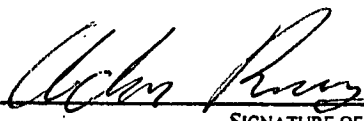
None

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

None

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

4/4/08
DATE


SIGNATURE OF APPLICANT

ADRIAN RAMIREZ

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant Adrian Ramirez
 (NAME OF INMATE)

91329-198
 (INMATE'S CDC NUMBER)

has the sum of \$ 7.52 on account to his/her credit at USP Victorville

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities None

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 11.38

and the *average monthly deposits* to the applicant's account was \$ 13.45

ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

April 1, 2008
 DATE

Mr. Mike Martinez
 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Mike Martinez
 OFFICER'S FULL NAME (PRINTED)

ISM
 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Adrian Ramirez, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

April 4, 2008
DATE

Adrian Ramirez
SIGNATURE OF PRISONER

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8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA
10

11 ADRIAN RAMIREZ,

12 Petitioner,

13 vs.

14 UNKNOWN,

15 Respondent.

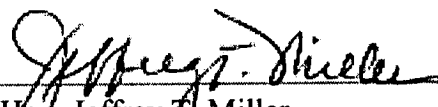
Civil No. 08-0508 JM (RBB)

**ORDER DENYING IN FORMA
PAUPERIS APPLICATION AND
DISMISSING CASE WITHOUT
PREJUDICE**

16 Petitioner, a detainee in federal custody, proceeding pro se, has filed a Petition for Writ
17 of Habeas Corpus pursuant to 28 U.S.C. § 2241. Petitioner has also filed a request to proceed
18 in forma pauperis which reflects a \$13.72 trust account balance at the facility in which he is
19 presently confined. It appears Petitioner can afford the \$5.00 filing fee. Accordingly, the Court
20 **DENIES** the request to proceed in forma pauperis, and **DISMISSES** the case without prejudice.
21 To have the case reopened, Petitioner must, **no later than May 27, 2008**, provide the Court
22 with: (1) a copy of this Order together with the \$5.00 filing fee; or (2) a copy of this Order
23 together with adequate proof that Petitioner cannot pay the \$5.00 filing fee. **The Clerk of**
24 **Court is directed to mail petitioner a blank motion to proceed in forma pauperis.**

25 IT IS SO ORDERED.

26 DATED: March 26, 2008

27 
28 Hon. Jeffrey T. Miller
United States District Judge